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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/576,981 Conf. #8112
	Filing Date	March 2, 2007
	First Named Inventor	Martin L. Ashdown
	Art Unit	1648
	Examiner Name	Z. Lucas
	Attorney Docket Number	2202530.124/GTI-012

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: 
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

23483

OR

☐ Firm or  
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature

M. L. Ashdown

Name

MARIA LUISA ASHDOWN

Date

17 November 2008

Telephone

613 8412 7007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐
\*Total of 1 forms are submitted.